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11696 U.S.PTO  
033104

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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | <i>Attorney Docket No.</i>                                                                                                                                 | DBR-001                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | <i>First Inventor</i>                                                                                                                                      | Ed Van BREEN                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | <i>Title</i>                                                                                                                                               | <b>NEW COMPOSITIONS AND METHODS FOR<br/>MAINTAINING EYELID HYGIENE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | <i>Express Mail Label No.</i>                                                                                                                              | EV 377649492 US                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
| <b>APPLICATION ELEMENTS</b><br><i>See MPEP chapter 600 concerning utility patent application contents.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           | <b>ADDRESS TO:</b><br>MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450<br><br><b>17548 10/816518 US PTO</b> |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original, and a duplicate for fee processing)</i><br>2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br><i>See 37 CFR 1.27.</i><br>3. <input checked="" type="checkbox"/> Specification <span style="border: 1px solid black; padding: 2px;">[Total Pages 27]</span><br><i>(preferred arrangement set forth below)</i><br>- Descriptive title of the invention<br>- Cross Reference to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table, or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure<br><br>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="border: 1px solid black; padding: 2px;">[Total Sheets 3]</span><br><br>5. Oath or Declaration <span style="border: 1px solid black; padding: 2px;">[Total Sheets ]</span><br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 18 completed)</i><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br><i>Signed statement attached deleting inventor(s)<br/>         named in the prior application,<br/>         see 37 CFR 1.63(d)(2) and 1.33(b).</i><br><br>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 |                                           |                                                                                                                                                            |                                                                        | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)<br>8. Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i><br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or      ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                                                            |                                                                        | <b>ACCOMPANYING APPLICATION PARTS</b><br><br>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="border: 1px solid black; padding: 2px;">[ ]</span> <input type="checkbox"/> Power of<br><i>(when there is an assignee)</i> <input type="checkbox"/> Attorney<br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i><br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i><br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br><i>Applicant must attach form PTO/SB/35 or its equivalent.</i><br>17. <input checked="" type="checkbox"/> Other: <span style="border: 1px solid black; padding: 2px;">[Certificate of Express Mailing]</span> |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                                                            |                                                                        | <br>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the<br>specification following the title, or in an Application Data Sheet under 37 CFR 1.76:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)   of prior application No.: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                                                            |                                                                        | <i>Prior application information: Examiner _____ Art Unit: _____</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
| <b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied<br>under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by<br>reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                                                                                                                                                            |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
| <b>19. CORRESPONDENCE ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                                                                            |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
| <input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px;">00959</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           | OR                                                                                                                                                         |                                                                        | <input type="checkbox"/> Correspondence address below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LAHIVE & COCKFIELD, LLP<br>Ralph A. Loren |                                                                                                                                                            |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 28 State Street                           |                                                                                                                                                            |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Boston                                    | State                                                                                                                                                      | MA                                                                     | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 02109              |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | US                                        | Telephone                                                                                                                                                  | (617) 227-7400                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Fax (617) 742-4214 |
| Name (Print/Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           | Ralph A. Loren                                                                                                                                             |                                                                        | Registration No. (Attorney/Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 29,325             |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                                                         |                                                                        | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | March 31, 2004     |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 377649492 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 31, 2004

Signature: 

(Ralph A. Loren)

11696 U.S. PTO  
033104

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PTO/SB/17 (10-02)

Approved for use through 10/31/2002. OMB 0651-0032

# FEET TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 723.00)

## Complete if Known

|                      |                       |
|----------------------|-----------------------|
| Application Number   | Not Yet Assigned      |
| Filing Date          | Concurrently Herewith |
| First Named Inventor | Ed Van BREEN          |
| Examiner Name        | Not Yet Assigned      |
| Group Art Unit       | N/A                   |
| Attorney Docket No.  | DBR-001               |

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  Other  None  
 Deposit Account

Deposit Account Number 12-0080

Deposit Account Name Lahive &amp; Cockfield, LLP

The Commissioner is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

## Large Entity Small Entity

| Fee Code     | Fee (\$) | Fee Code | Fee (\$) | Fee Description        | Fee Paid |
|--------------|----------|----------|----------|------------------------|----------|
| 1001         | 750      | 2001     | 375      | Utility filing fee     | 385.00   |
| 1002         | 330      | 2002     | 165      | Design filing fee      |          |
| 1003         | 520      | 2003     | 260      | Plant filing fee       |          |
| 1004         | 750      | 2004     | 375      | Reissue filing fee     |          |
| 1005         | 160      | 2005     | 80       | Provisional filing fee |          |
| SUBTOTAL (1) |          | (\$)     |          | 385.00                 |          |

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Extra Claims         | Fee from below      | Fee Paid |
|----------------------|---------------------|----------|
| Total Claims 48      | -20** = 28 x 9.00 = | 252.00   |
| Independent Claims 5 | -3** = 2 x 43.00 =  | 86.00    |
| Multiple Dependent   |                     |          |

## Large Entity Small Entity

| Fee Code     | Fee (\$) | Fee Code | Fee (\$) | Fee Description                                            |
|--------------|----------|----------|----------|------------------------------------------------------------|
| 1202         | 18       | 2202     | 9        | Claims in excess of 20                                     |
| 1201         | 84       | 2201     | 42       | Independent claims in excess of 3                          |
| 1203         | 280      | 2203     | 140      | Multiple dependent claim, if not paid                      |
| 1204         | 84       | 2204     | 42       | ** Reissue independent claims over original patent         |
| 1205         | 18       | 2205     | 9        | ** Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2) |          | (\$)     |          | 338.00                                                     |

\*\* or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

| Large Entity Fee Code             | Small Entity Fee Code | Fee (\$) | Fee (\$) | Fee Description                                                            | Fee Paid               |
|-----------------------------------|-----------------------|----------|----------|----------------------------------------------------------------------------|------------------------|
| 1051                              | 130                   | 2051     | 65       | Surcharge - late filing fee or oath                                        |                        |
| 1052                              | 50                    | 2052     | 25       | Surcharge - late provisional filing fee or cover sheet                     |                        |
| 1053                              | 130                   | 1053     | 130      | Non-English specification                                                  |                        |
| 1812                              | 2,520                 | 1812     | 2,520    | For filing a request for ex parte reexamination                            |                        |
| 1804                              | 920*                  | 1804     | 920*     | Requesting publication of SIR prior to Examiner action                     |                        |
| 1805                              | 1,840*                | 1805     | 1,840*   | Requesting publication of SIR after Examiner action                        |                        |
| 1251                              | 110                   | 2251     | 55       | Extension for reply within first month                                     |                        |
| 1252                              | 410                   | 2252     | 205      | Extension for reply within second month                                    |                        |
| 1253                              | 930                   | 2253     | 465      | Extension for reply within third month                                     |                        |
| 1254                              | 1,450                 | 2254     | 725      | Extension for reply within fourth month                                    |                        |
| 1255                              | 1,970                 | 2255     | 985      | Extension for reply within fifth month                                     |                        |
| 1401                              | 320                   | 2401     | 160      | Notice of Appeal                                                           |                        |
| 1402                              | 320                   | 2402     | 160      | Filing a brief in support of an appeal                                     |                        |
| 1403                              | 280                   | 2403     | 140      | Request for oral hearing                                                   |                        |
| 1451                              | 1,510                 | 1451     | 1,510    | Petition to institute a public use proceeding                              |                        |
| 1452                              | 110                   | 2452     | 55       | Petition to revive - unavoidable                                           |                        |
| 1453                              | 1,300                 | 2453     | 650      | Petition to revive - unintentional                                         |                        |
| 1501                              | 1,300                 | 2501     | 650      | Utility issue fee (or reissue)                                             |                        |
| 1502                              | 470                   | 2502     | 235      | Design issue fee                                                           |                        |
| 1503                              | 630                   | 2503     | 315      | Plant issue fee                                                            |                        |
| 1460                              | 130                   | 1460     | 130      | Petitions to the Commissioner                                              |                        |
| 1807                              | 50                    | 1807     | 50       | Processing fee under 37 CFR 1.17(q)                                        |                        |
| 1806                              | 180                   | 1806     | 180      | Submission of Information Disclosure Stmt                                  |                        |
| 8021                              | 40                    | 8021     | 40       | Recording each patent assignment per property (times number of properties) |                        |
| 1809                              | 750                   | 2809     | 375      | Filing a submission after final rejection (37 CFR 1.129(a))                |                        |
| 1810                              | 750                   | 2810     | 375      | For each additional invention to be examined (37 CFR 1.129(b))             |                        |
| 1801                              | 750                   | 2801     | 375      | Request for Continued Examination (RCE)                                    |                        |
| 1802                              | 900                   | 1802     | 900      | Request for expedited examination of a design application                  |                        |
| Other fee (specify)               |                       |          |          |                                                                            |                        |
| *Reduced by Basic Filing Fee Paid |                       |          |          |                                                                            | SUBTOTAL (3) (\$ 0.00) |

| SUBMITTED BY      |                | Complete (if applicable)          |                |                          |
|-------------------|----------------|-----------------------------------|----------------|--------------------------|
| Name (Print/Type) | Ralph A. Loren | Registration No. (Attorney/Agent) | 29,325         | Telephone (617) 227-7400 |
| Signature         |                | Date                              | March 31, 2004 |                          |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 377649492 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 31, 2004

Signature: (Ralph A. Loren)

Application No. (if known):

Attorney Docket No.: DBR-001

## **Certificate of Express Mailing Under 37 CFR 1.10**

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MS Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on March 31, 2004  
Date

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Signature

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Ralph A. Loren  
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Specification (27 pages)  
6 Figures of Drawings (3 pages)  
Application Data Sheet (2 pages)  
Utility Patent Application Transmittal (1 page)  
Fee Transmittal (1 page)  
Return Receipt Postcard